

**Graduate Medical Education (GME)  
SFY 2017**

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**Graduate Medical Education (GME)  
SFY 2017 -1st Quarter**

<b>HOSPITAL</b>	<b>SFY 2017 -1st Quarter GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>SFY 2017 -1st Quarter COUNTY INTERGOVERNMENTAL TRANSFER</b>
University Medical Center	\$ 6,500,999	\$ 4,221,099	\$ 2,279,900	\$ 3,087,974
<b>TOTAL</b>	<u><u>\$ 6,500,999</u></u>	<u><u>\$ 4,221,099</u></u>	<u><u>\$ 2,279,900</u></u>	<u><u>\$ 3,087,974</u></u>

Note: As of July 1, 2016, University Medical College of SN is the only eligible and participating hospital for Graduate Medical Education.

**Graduate Medical Education (GME)  
SFY 2017 -2nd Quarter**

<b>HOSPITAL</b>	<b>SFY 2017 -2nd Quarter GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>SFY 2017 -2nd Quarter COUNTY INTERGOVERNMENTAL TRANSFER</b>
University Medical Center	\$ 6,500,999	\$ 4,204,196	\$ 2,296,803	\$ 3,087,974
<b>TOTAL</b>	<b><u>\$ 6,500,999</u></b>	<b><u>\$ 4,204,196</u></b>	<b><u>\$ 2,296,803</u></b>	<b><u>\$ 3,087,974</u></b>

**Graduate Medical Education (GME)  
SFY 2017 -3rd Quarter**

<b>HOSPITAL</b>	<b>SFY 2017 -3rd Quarter GME PAYMENT</b>	<b>UPL FEDERAL PORTION</b>	<b>UPL STATE PORTION</b>	<b>SFY 2017 -3rd Quarter COUNTY INTERGOVERNMENTAL TRANSFER</b>
University Medical Center	\$ 6,500,999	\$ 4,204,196	\$ 2,296,803	\$ 3,087,974
<b>TOTAL</b>	<u><u>\$ 6,500,999</u></u>	<u><u>\$ 4,204,196</u></u>	<u><u>\$ 2,296,803</u></u>	<u><u>\$ 3,087,974</u></u>

Note: As of July 1, 2016, University Medical College of SN is the only eligible and participating hospital for Graduate Medical Education.

**University Medical Center  
GME Program SFY 2017**

GME Calculation

**MCR 290007**

Medicare Provider Number: 29-0007  
 Provider Hospital Cost Report FYE: 06/30/08

I&R Salaries Col 24  
 I&R Salaries Col 25

**Amounts per Filed CMS Form 2552 Medicare/ Medicaid Hospital Cost Report for period as Base Year Ending 6/30/2008**

<b>Calculate Adjusted Base Year Per Resident Amount</b>				
<b>Item</b>	<b>Source</b>	<b>Value</b>		<b>Adjusted Value</b>
1	Total Allowable costs of Interns & Residents	MCR Wkst B Part I lines 22 & 23, col 22 & 23	\$ 27,065,822	\$ 27,065,822
2	FTE Interns & Residents	MCR Wkst S-3 Part 1, line 12, col. 7	134.81	134.81
3	Base Year Per Resident Amount	<b>Line 1 / Line 2</b>	\$ 200,770	\$ 200,770
4	2008 Inflation Update Factor*	CMS Mkt BSket FFY 2008	1.033	
5	2009 Inflation Update Factor *	CMS Mkt Bskt FFY 2009	1.036	Mkt Bskt SFY 2009 1.035
6	2010 Inflation Update Factor *	CMS Mkt Bskt FFY 2010	1.021	Mkt Bskt SFY 2010 1.025
7	2011 Inflation Update Factor*	CMS Mkt Bskt FFY 2011	1.026	Mkt Bskt SFY 2011 1.025
8	2012 Inflation Update Factor*	CMS Mkt Bskt FFY 2012	1.030	Mkt Bskt SFY 2012 1.029
9	2013 Inflation Update Factor*	CMS Mkt Bskt FFY 2013	1.026	Mkt Bskt SFY 2013 1.027
10	2014 Inflation Update Factor*	CMS Mkt Bskt FFY 2014	1.025	Mkt Bskt SFY 2014 1.025
11	2015 Inflation Update Factor*	CMS Mkt Bskt FFY 2015	1.029	Mkt Bskt SFY 2015 1.028
12	2016 Inflation Update Factor*	CMS Mkt Bskt FFY 2016	1.024	Mkt Bskt SFY 2016 1.025
13	2017 Inflation Update Factor*	CMS Mkt Bskt FFY 2017	1.028	Mkt Bskt SFY 2017 1.027
14	Adjusted Base Year Per Resident Amount			\$ 255,970
<b>Medicaid Patient Utilization</b>				
15	Total Title XIX Hospitals Days SFY 2015	MCR Wkst S-3 Part 1; Col. 7; lines 2, 3, 14, & 18	66,708	66,708
16	Total Hospitals Days SFY 2015	MCR Wkst S-3 Part 1; Col. 8; lines 14 & 18	121,498	121,498
17	Medicaid Utilization %	<b>Line 9 / Line 10</b>	54.90%	54.90%
<b>Medicaid Direct GME Cost</b>				
18	FTE Interns & Residents SFY 2015	MCR Wkst S-3 Part 1, Line 14 & 18 col 9	185.03	185.03
19	Medicaid GME Cost using Adj. PRA	Adj Base Yr PRA x XIX Utilization x FTE I & R		<b>Total GME Payment \$ 26,003,995</b>
20	Nevada SFY 2017 FMAP% Projected	Medicaid FMAP	64.74%	<b>Total Federal Match \$ 16,833,686</b>
21	Nevada SFY SMAP%		35.27%	<b>Total State Match \$ 9,170,309</b>